

**ARIZONA STATE EARLY CHILDHOOD BLOCK GRANT
PRESCHOOL DATA FORM 2002-2003**

(Please photocopy child's *Parental Consent* form to the back of this form)

SCHOOL DISTRICT:

SITE / PRESCHOOL NAME:

CHILD'S NAME (last, first):

CHILD'S UNIQUE, PERMANENT IDENTIFICATION NUMBER (e.g., social security #):

CHILD'S SEX:

_____ Male _____ Female

CHILD'S DATE OF BIRTH (month/day/year):

_____/_____/_____

CHILD'S RACE:

_____ Hispanic _____ White _____ African American _____ Native American
_____ Asian American Other: _____

LANGUAGE CHILD USES MOST OFTEN:

_____ English _____ Spanish Other: _____

ANNUAL FAMILY INCOME (REQUIRED): \$ _____ .00

MOTHER'S EDUCATION: _____ less than high school _____ some high school _____ high school graduate
_____ some college _____ AA _____ BA/BS Other: _____

FATHER'S EDUCATION: _____ less than high school _____ some high school _____ high school graduate
_____ some college _____ AA _____ BA/BS Other: _____

MOTHER: Lives in child's household _____ YES _____ NO
Is employed _____ YES _____ NO

FATHER: Lives in child's household _____ YES _____ NO
Is employed _____ YES _____ NO

OTHER ADULTS IN HOUSEHOLD: _____ step mother _____ step father _____ grandmother _____ grandfather _____ aunt _____ uncle _____ other
List those checked who contribute to household income:

DOES THE FAMILY RECEIVE ANY KIND OF PUBLIC ASSISTANCE? _____ YES _____ NO _____ Don't Know

NUMBER OF OLDER SIBLINGS IN CHILD'S HOUSEHOLD:

NO. OF YOUNGER SIBLINGS IN CHILD'S HOUSEHOLD:

CHILD'S YEAR IN PROGRAM IN 2002-2003:

_____ First _____ Second

DATE OF CHILD'S FIRST DAY IN THE 2002-2003 PROGRAM (month/day/year):

_____/_____/_____

DATE OF CHILD'S LAST DAY IN THE 2002-2003 PROGRAM (month/day/year):

_____/_____/_____

NUMBER OF DAY'S CHILD WAS ABSENT AND/OR NOT ENROLLED IN 2002-2003:

NEXT YEAR THIS CHILD WILL BE:

_____ in kindergarten _____ in preschool Other: _____

DOES THIS CHILD HAVE AN IEP?

_____ Yes _____ No

WAS IT WRITTEN IN 2002-2003?

_____ Yes _____ No

FREQUENCY OF PARENTAL/GUARDIAN INVOLVEMENT IN THE PRESCHOOL:

_____ daily _____ once a week _____ 2-3 times a month _____ once a month _____ less than once a month _____ not at all

OTHER SERVICES THIS CHILD HAS RECEIVED:

____ immunization ____ hearing ____ vision ____ speech ____ dental ____ medical ____ snacks/meals ____ transportation ____ special education
____ bilingual or ESL ____ family social service referral ____ home visits ____ parent education ____ counseling ____ behavioral
Other: _____

DUE DATE May 31, 2003

Thank you for completing and returning to:

Arizona Department of Education, Early Childhood Programs, Bin #7, 1535 W. Jefferson, Phoenix, AZ 85007

NOTE: Thank you for sending the *Pre-K Success* Pre and Post Test "Data Report" for the entire preschool class that includes: 1) child's first & last *name*, 2) child's *age* at test, 3) testing *language*, 4) test *date*, 5) *performance age (PA)* scores, and 6) *percent correct (%C)* scores. Send the Pre Test "Data Report" no later than **November 30, 2002** and the Post Test "Data Report" no later than **May 31, 2003** to ADE at the address above.

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